						Approved for use the	orguah 06/30/20	PTO/SB/17 (10
Under	the Paperwork Reduction	Act of 1995, no person	are requ	U.S. I ired to respond to a co	llection of in	Frademark Office; Unformation unless it	.S. DEPARTME displays a valid	ENT OF COMME
Effective on 12/08/2004,				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/635,091-Conf. #6980		
FEE TRANSMITTAL				Filing Date		August 6, 2003		
For FY 2009				First Named Inventor		Anne M. Pianca		
FUI F1 2003				Examiner Name N		M. W. Kahelin		
Applicant claims small entity status. See 37 CFR 1.27				All Ollic		3762		
TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attomey Docket	No.	20334/0209347-US0		
METHOD OF	PAYMENT (check	all that apply)			******************			
Check	x Credit Card	Money Order	No	ne Other (please identi	fy):		
x Deposit Ac	count Deposit Account N		0100	Deposit A	Account Nam	e Darby	& Darby P	.C.
For the	above-identified depo	sit account, the Di	rector is	s hereby authorize	ed to: (che	ck all that apply)	
c	harge fee(s) indicated	below		Charge	e fee(s) in	dicated below, e	except for th	e filing fee
	harge any additional fore(s) under 37 CFR 1.		nents o	f X Credit	any overp	payments		
FEE CALCUI	LATION	***************************************	000000000000		*************	***************************************	***************************************	***************************************
1. BASIC FILIN	G, SEARCH, AND E	AMINATION FEE	S				***************************************	
	FIL	ING FEES	SE	ARCH FEES	EXAMII	NATION FEES	3	
Application T	ype Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
. EXCESS CL	AIM FEES							Small Entity
ee Description							Fee (\$)	Fee (\$)
	r 20 (including Reissi	ies)					52	26
ach independe	ent claim over 3 (inclu	iding Reissues)					220	110
Aultiple depend	dent claims						390	195
Total Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)	<u>A</u>	Multiple_Depend	lent Claims	
21	- 21 or HP	x =			F	ee (\$)	Fee Paid (\$	1
HP = highest num	ber of total claims paid for,	if greater than 20.						_
<u>Indep. Claims</u>	Extra Claims	Fee (\$)	F	ee Paid (\$)				
	3 or HP =	x = = paid for, if greater than	3.					
3. APPLICATIO				(excluding electr	onically fi	iled sequence or	computer	
listings und	ler 37 CFR 1.52(e)), t	he application size	e fee du	ie is \$270 (\$135 f	or small e	entity) for each a	dditional 50	1
	action thereof. See 3:							
Total Sheet	<u>Extra Sheets</u>			dditional 50 or frac round up to a who			Fee F	Paid (\$)
. OTHER FEE(Fees	Paid (\$)
Non-English	Specification, \$130	fee (no small enti	ity disc	ount)				
Other (e.g., l	late filing surcharge):	1801 Request f	or con	tinued examinat	ion (RCE	E) (see 37	81	0.00
SUBMITTED BY)	************	***************************************			***************************************	***************************************
ignature	W 5. 1/1/2	40		Registration No.	41,622	Telephone	(206) 262	2-8908
		indenniani Riv.		(Attorney/Agent)		***************************************		
Name (Print/Type)	Bruce E. Black					Date	December	7, 2009